

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

Case Number

☒ Stage Stores, Inc., a Delaware corporation
☒ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

00-35078-H2-11
 00-35079-H2-11
 00-35080-H2-11

Creditor ID#: 788-49993

*place an "x" beside the name of the Debtor you are filing a claim against

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Port Lavaca Wave

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

United States Bankruptcy Court
Southern District of Texas
FILED

AUG 02 2000

Michael N. Milby, Clerk

Name and address where notices should be sent:

*****AUTO**3-DIGIT 779

Port Lavaca Wave
 PO Box 88
 Port Lavaca TX 77979-0088

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

01100259-000

Check here ☐ replaces if this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal Injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2. Date debt was incurred: May, 2000

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1,433.23

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____).

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

This Space is for Court Use Only

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

7-6-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Cathy Buehring, ADVERTISING DIRECTOR

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

PORT LAVACA WAVE

107 E. Austin
Port Lavaca, Texas 77979
(361) 552-9788 Fax# (361) 552-3108

ESTABLISHED 1880

The family
newspaper
of
Calhoun County

01100258-000

STAGE STORES, INC.
SPECIALTY RETAILERS INC.
ADV. BUSINESS OFFICE
P.O. BOX 35718
HOUSTON, TX 77235

REMIT TO:

P.O. BOX 28
PORT LAVACA, TX 77979-0028

Page 1 05/31/00 292

PLEASE RETURN TOP PORTION OF THIS STATEMENT WITH PAYMENT
TERMS-NET 30 DAYS. ALL PAST DUE CHARGES SUBJECT TO SERVICE CHARGE 1 1/2% PER MONTH. \$1.00 MINIMUM

DATE	REF	DESCRIPTION	INCHES	RATE	CHARGES	PAYMENTS	AMOUNT
		Beginning Balance			1604.40		1604.40
05/03-05/03	02	RETAIL/EXTRA/0050854.BKS	30.00	1.99	59.65		1664.05
05/03-05/03	01	RETAIL/0050854.BKS	30.00	5.40	162.00		1826.05
05/10-05/10	02	RETAIL/0050467.BJKLPS	66.00	1.99	131.34		1957.39
05/10-05/10	01	0050467.BJKLPS/RETAIL	66.00	5.40	356.40		2313.79
05/17-05/17	01	4,500 INSERTS			310.00		2623.79
05/18/00		644731					1019.39
05/24-05/24	02	RETAIL/0050503.BKS	56.00	1.99	111.44		1130.83
05/24-05/24	01	RETAIL/0050503.BKS	56.00	5.40	302.40		1433.23
BALANCE FORWARD		TOTAL PAYMENTS	ADJUSTED PAY	TOTAL INCHES	EARNED DISCOUNT IF PAID IN 10TH		BALANCE DUE
1604.40		-1505.87		304.00	-87.58		1439.25

Due and payable in
Calhoun County, Texas

The Wave

PAY AMOUNT
IN THIS BLOCK